

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034543

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED SEP 9 1963

VS 300
Rev. 4/59

14030

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moline Acres Missouri c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Halls Ferry Nursing Home		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis c. CITY OR TOWN St. Louis d. STREET ADDRESS (If outside, give location) 4916 West Florissant	
3. NAME OF DECEASED (Type or print) First Florence Middle Mull Last Mull		4. DATE OF DEATH Month August Day 19 Year 1963	
5. SEX female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-18-1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleslady		10b. KIND OF BUSINESS OR INDUSTRY Steinkamps Bakery	
11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY United States	
13a. FATHER'S NAME William Tiedemann		13b. MOTHER'S MAIDEN NAME Ida Hauser	
14. NAME OF HUSBAND OR WIFE William Mull		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. INFORMANT Mr. William A. Mull		17. ADDRESS 4916 W. Florissant	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomas Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Carcinoma of Ovary DUE TO (b) 175.0 DUE TO (c) May 63 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 8 a.m. 17 p.m. Month, Day, Year Aug 1959		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Present		20f. CITY, TOWN, OR LOCATION St. Louis COUNTY Missouri STATE Missouri	
21. I attended the deceased from Aug 1959 to present and last saw her 8/17/63 Death occurred at St. Louis on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE W. B. O'Neil 22b. ADDRESS 206 Northland 22c. DATE SIGNED 8/18/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-22-1963	
23c. NAME OF CEMETERY OR CREMATORY Bellefontaine		23d. LOCATION (City, town, or county) St. Louis, Missouri	
24. FUNERAL DIRECTOR Math Hermann and Son, Inc. ADDRESS 2161 E. Fair Avenue, St. Louis, Missouri		25. DATE RECD. BY LOCAL REG. 8-21-63	
26. REGISTRAR'S SIGNATURE John. Murphy		27. DATE SIGNED 8/21/63	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3737

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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